

## UPDATED APPLICATION DATA SHEET

### Inventor Information

Inventor One Given Name: ROBERT  
Family Name: RIENER  
Name Suffix:  
Mailing Address Line One: Im Blattacher 62  
Mailing Address Line Two:  
City: 8602 Wangen  
State or Province:  
Postal or Zip Code:  
City of Residence:  
State or Prov. of Residence:  
Country of Residence: Switzerland  
Citizenship Country: Germany

Inventor Two Given Name: RAINER  
Family Name: BURGKART  
Name Suffix:  
Mailing Address Line One: Pestalozzistrasse 27  
Mailing Address Line Two:  
City: 80469 München  
State or Province:  
Postal or Zip Code:  
City of Residence:  
State or Prov. of Residence:  
Country of Residence: Germany  
Citizenship Country: Germany

**Inventor Three Given Name:**

**Family Name:**

**Name Suffix:**

**Mailing Address Line One:**

**Mailing Address Line Two:**

**City:**

**State or Province:**

**Postal or Zip Code:**

**City of Residence:**

**State or Prov. of Residence:**

**Country of Residence:**

**Citizenship Country:**

**Given or Company Name of Applicant:**

**Family Name, if any:**

**Name Suffix:**

**Authority Code:**

**Mailing Address Line One:**

**Mailing Address Line Two:**

**City:**

**State or Province:**

**Postal or Zip Code:**

**City of Residence:**

**State or Prov. of Residence:**

**Country of Residence:**

**Citizenship Country:**

### **Correspondence Information**

Name Line One:	Henry M. Feiereisen
Name Line Two:	Henry M. Feiereisen, LLC
Address Line One:	350 Fifth Avenue
Address Line Two:	Suite 4714
City:	New York
State or Providence:	NY
Country:	
Postal or Zip Code:	10118
Telephone:	(212)244-5500
Fax:	(212)244-2233
Electronic Mail:	<a href="mailto:info@feiereisenllc.com">info@feiereisenllc.com</a>

### **Application Information**

Title Line One:	RIGID BIRTH SIMULATOR HAVING AN
Title Line Two:	INTERACTIVE OPTICAL DISPLAY
[Repeat for any additional lines]	
Suggested classification:	
Suggested Tech. Center:	
Total Drawing Sheets:	4
Suggested Dwg. Figure for Pub.:	
Docket Number:	RIENER-2
Application Type: [Utility]	Utility
Licensed US Govt. Agency:	
Contract or Grant Numbers One:	
Contract or Grant Numbers Two:	
Secrecy Order in Parent Appl.?	
if plant patent app.,	
Latin Name of genus and species of plant claimed:	

**Representative Information**

Representative Number One: 020151

Representative Number Two:

[Repeat for extra registration numbers]

**Domestic Priority Information**

This application is a:

US-National Phase of International Application

Application One:

PCT/DE2004/001332

Filing Date:

June 24, 2004

which is a:

Application Two:

Filing Date:

[repeat if necessary]

**Foreign Application information**

Foreign Application One:

103 28 354.4

Filing Date:

June 24, 2003

Country:

Germany

Priority Claimed:

Yes

**Assignee information**

Assignee Name:

Address Line One:

Address Line Two:

City:

State or Province:

Country:

Postal or Zip Code: